

"PATENT"

AMENDMENT TRANSMITTAL FORM

In re application of: Alla Jurieva Krylova, et al.
U. S. Serial No.: 09/653,719 [400100]
Filed: September 1, 2000
For: FISCHER-TROPSCH CATALYST ENHANCEMENT

) Before the Examiner
) Cam N. Nguyen
) Confirmation Number: 6607
) Group Art Unit: 1754
) Family Number: P2000J080

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

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CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to the
Commissioner for Patents facsimile number 1-703-872-9311 on the date shown below.

Susan Fleming
Type or print name of person signing certification
Signature
September 23, 2003
Date

Transmittal herewith is an amendment/response in the above-identified application.

Petition for extension of time pursuant to 37 CFR 1.136 and 1.137 is hereby made, if and to the extent, required. The fee for this extension of time is calculated to be \$ _____ to extend the time for filing this response until _____.

The fee for any changes in number of claims has been calculated as shown below.

| CLAIMS AS AMENDED | | | | | | |
|------------------------------|--|-------|--|-------------------------|-------------|-----|
| (1) | (2) Claims Remaining After Amendment | (3) | (4) Highest Number Previously Paid For | (5) Present Extra | (6) Rate | (7) |
| Total Claims | * 17 | Minus | ** 20 | | x 18.00 | 0 |
| Indep. Claims | * 1 | Minus | *** 3 | | x 84.00 | 0 |
| MULTIPLE DEPENDENT CLAIM FEE | | | | | \$280.00 | 0 |
| FEE FOR CLAIM CHANGES | | | | | | 0 |

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The total fee for this Amendment, including claim changes and any extension of time is calculated to be \$ 0.

☒ Charge \$ 0 to Deposit Account No. 05-1330.

☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 and 1.17 which may be required by this paper, or credit any overpayment, to Deposit Account No. 05-1330. A duplicate copy of this Form is enclosed.

September 23, 2003
Date of Signature

E.C. Bakun
Attorney or Agent of Record

Post Office Address: [to which correspondence is to be sent]
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ESTELLE C. BAKUN

Registration No. 35,054

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☒ Pursuant to 37 CFR 1.34(a) GROUP 1700

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